

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017436

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4323

STATE FILE NUMBER

FILED MAY 1 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

65 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

5027a Maffitt

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR

St. Louis

d. STREET

(If outside, give location)

5027a Maffitt

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

PAUL

Middle

ZATLIN

Last

4. DATE

Month

Day

Year

OF

DEATH

Apr. 24, 1962

5. SEX

Male

6. COLOR OR RACE

Cauc.

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

9/24/1893

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Wholesale Ladies Garm.

11. BIRTHPLACE (City and state or country)

Palmyra, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Morris Zatlin

13b. MOTHER'S MAIDEN NAME

Rosa Price

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Yes unknown) (If Yes, give dates of service)

Yes

W.W.#1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Geo. Zatlin 236 Wenneker Dr.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary insufficiency

INTERVAL BETWEEN ONSET AND DEATH

2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary tuberculosis

8 years

DUE TO (c)

002-1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

Atherosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 1954 to April 24, 1962 and last saw him alive on April 17, 1962. Death occurred at 6:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John T. Stanton, M.D.

22b. ADDRESS

634 N. Grand Blvd.

22c. DATE SIGNED

April 24, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Rem.

23b. DATE

4/27/1962

23c. NAME OF CEMETERY OR CREMATORY

Beth Hamedrosh Hagadol

23d. LOCATION (City, town, or county)

Ladue Mo.

24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson

25. DATE RECD. BY LOCAL REG.

APR 26 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Not Embalmed
Signed *[Signature]*

Licensed Embalmer No. 3988

P.O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.